

II. COMMUNITY NEEDS ASSESSMENT

A. Primary Data

1. *The Community Stakeholder Survey*

The stakeholder survey provides a profile of perceived health care needs and problems facing the community and stakeholders who respond to the survey. Stakeholders are those individuals in a community who have a special interest in a particular issue or action being taken. The survey includes questions about the adequacy, accessibility, and level of satisfaction with health care services in the community. Members of the council were asked to complete the stakeholders' survey as well as to identify and obtain comments from other stakeholders in the community. The Community Stakeholder Survey is not a scientific random sample of the community, rather its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. It is one of two sources of primary data used in community diagnosis.

The Hamblen County Stakeholders Survey was distributed to various individuals across the county. The stakeholders represent a cross section of the community, i.e., young families, single parents, the elderly, business leaders, consumers, rural residents and urban residents. The stakeholders include both the users and providers of health services.

Hamblen County Community Stakeholders Survey

of respondents: 350

Male: 47.7

Female: 52.3

Sixty-two percent of the respondents had lived in the county for twenty or more years.

Respondents were asked to rate various health services and health/social concerns as adequate, not adequate, not available; Yes, a problem, Yes, a small problem, No, not a problem, or no opinion on service or concerns. The top four health care services that were rated as adequate are Pharmacy Services, Eye Care Services, Ambulance/ER Services, and Hospital Care (Chart 2).

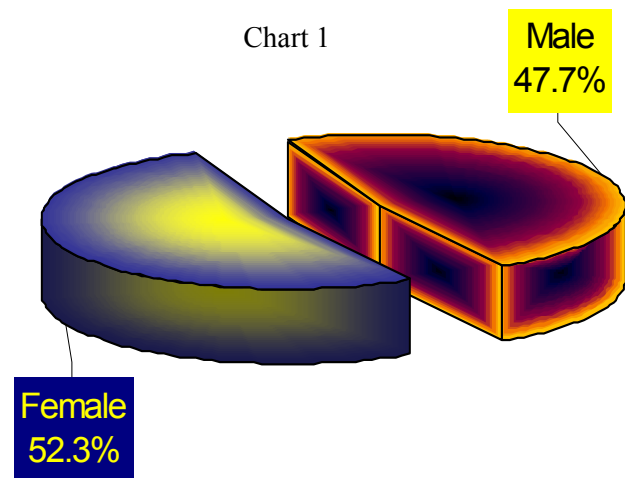
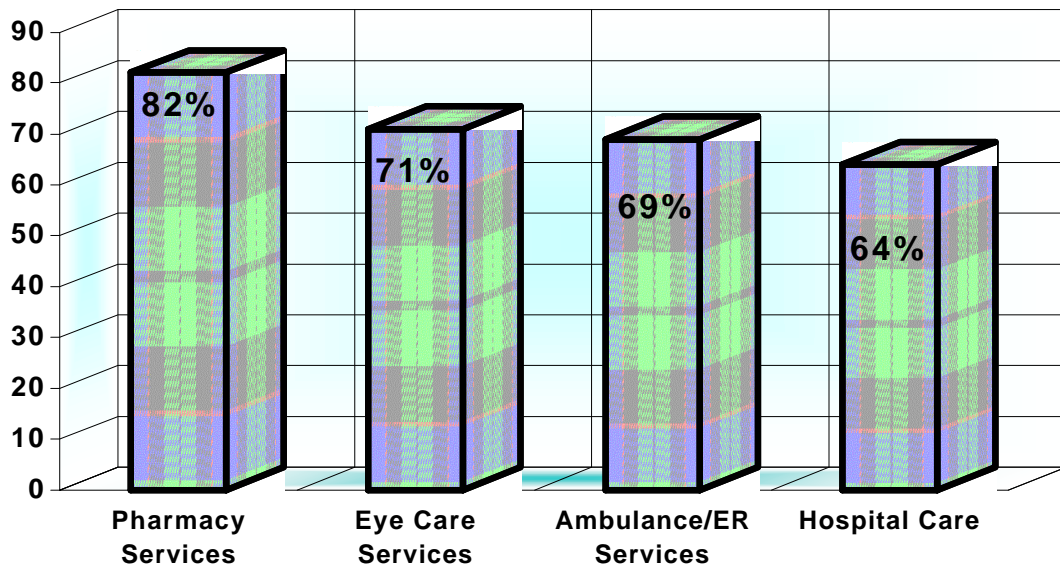


Chart 2
Community Health Care Services
% Responding “Adequate”



Data that concerned the health council were the ratings of “Not Adequate,” and “Yes, a Problem,” in the health services and health/social issues category. Thirty-five percent of the respondents felt that services for specialized doctors were available in the community but not adequate to address the need. The top five services that were ranked as available but not adequate also include Recreational Activities, Child Abuse & Neglect, Alcohol and Drug Treatment, and Health Insurance (Chart 3). In the health /social issues category fifty-five percent felt that smoking was a problem in the community. The top five-health/social issues that were ranked as a problem also included Teen Alcohol Abuse, Adult Alcohol Abuse, Adult Drug Abuse, and Stress (Chart 4).

Chart 3
Community Health Care Services
% Responding “Not Adequate”

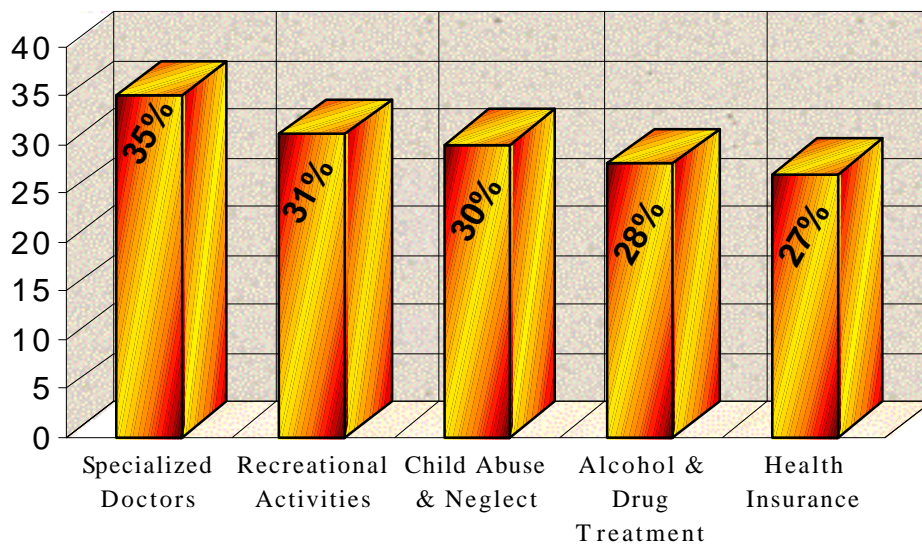
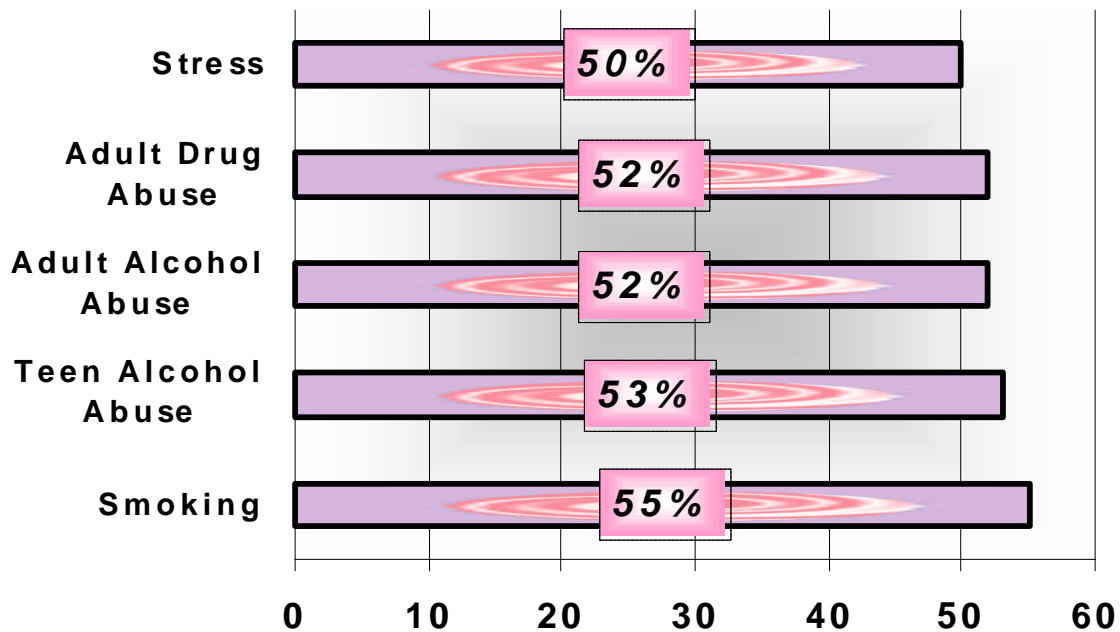


Chart 4
Community Health/ Social Issues
“Yes A Problem”

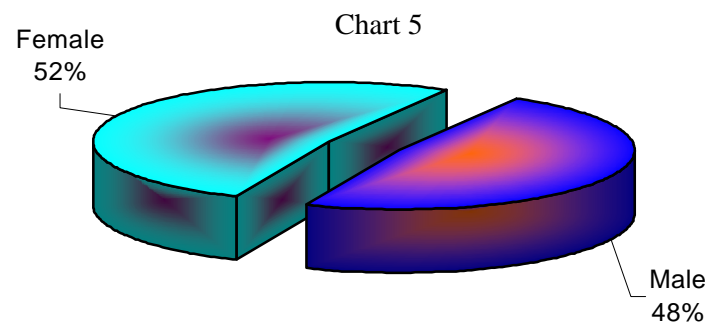


2. Behavioral Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. The survey that was used is a telephone interview survey modeled after the BRFS survey conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults were randomly selected using random digit-dialed telephone surveys and are questioned about their personal health practices. In addition, they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

A sample size of 200 was collected from Hamblen County. This allowed estimates of risk factors to be made for the county. The overall statistical reliability is a confidence level of 90, \pm 6%. Of the respondents, 52% were female and 48% male. This compares to 52.3% female and 47.7% male for the population of Hamblen County based on the 1990 census (Chart 5).



After review of the data from the BRFSS, the council divided the information into three areas. The first area is personal health practices. Five key factors were identified as concerns for the health of the overall community. These issues were then compared to Healthy People: 2000. Table 2 lists the practices of concern with the year 2000 goal for the nation.

Table 2

Reported Health Practices	BRFS % of Respondents	Year 2000 Goal
Needed to see a doctor but could not due to cost	15%	(No Goal)
Smoking (currently smoke)	26%	15%
Have had Clinical Breast exam	88%	(No Goal)
Mammogram (had mammogram)	83%	80%
Diet within range		
Have high blood pressure	33%	(No Goal)
Advised to lose weight	22%	(No Goal)
Have diabetes	8%	(No Goal)

The second area is Health Risk and the third area is Access to Care. These two areas were divided into two categories.

1.) Community problems and

2.) Access to health care.

Charts 6a and 6b identify the top community issues in these two categories.

Chart 6a
Community Problems % Saying "Definite Problem"

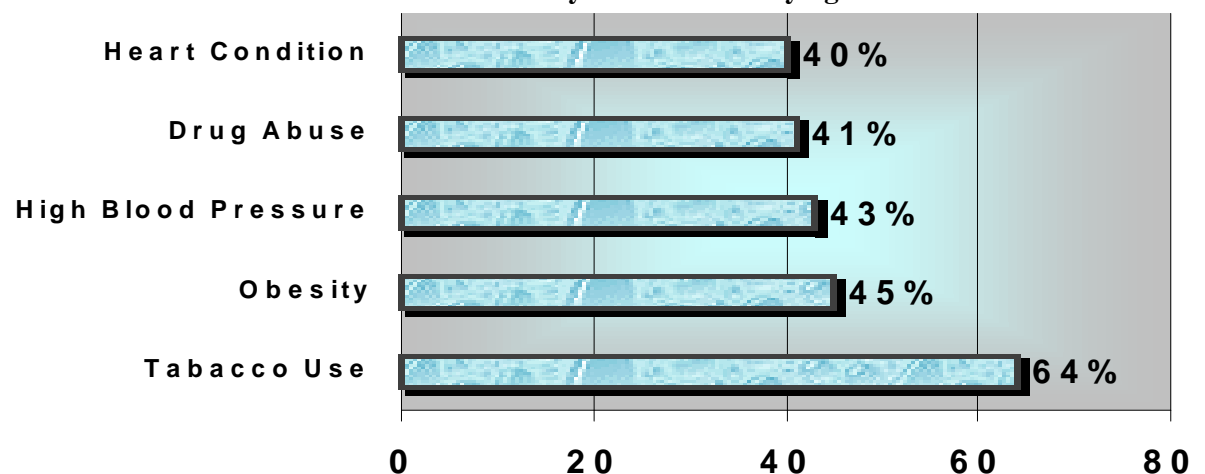
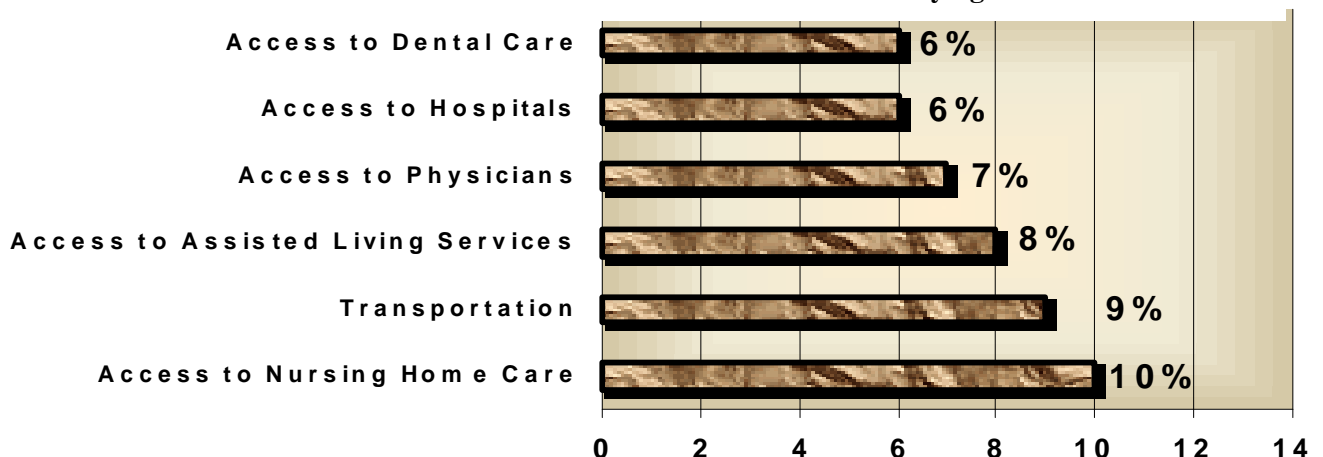


Chart 6b
Access to Health Care % Saying "Definite Problem"



B. Secondary Data

Information on the health status, health resources, economy, and demographics of Hamblen County is essential for understanding the existing health problems in the community. The health council received an extensive set of data for the county, which showed the current health status as well as the available health resources. The secondary data (information already collected from other sources for other purposes) was assembled by the State Office of Assessment and Planning. Data sets that are routinely collected by the Department of Health as well as other state departments and agencies were assembled and distributed to health council members. Socio-economic information was obtained from the Department of Economic and Community Development as well as information from the “Kid’s Count” Report by Tennessee Commission on Children and Youth.

Various mortality and morbidity indicators covering the last 12 years were presented for the county, region, and state. Trend data were presented graphically using three-year moving averages. The three-year moving averages smooth the trend lines and eliminate wide fluctuations in year-to-year rates that distort true trends.

Another section of secondary data included the status of Hamblen County on mortality and morbidity indicators and compared the county with the state, nation, and Year 2000 objectives for the nation.

Issues identified by the council from all secondary data were selected primarily on the comparison of the county with the Year 2000 objectives. The issues identified were:

- 1. Coronary Health Disease
- 2. Infant Death
- 3. Lung Cancer
- 4. Motor Vehicle Accidents
- 5. Suicide
- 6. Stroke
- 7. Teen Pregnancy
- 8. Late Prenatal Care

Table 2
Total 1996 (est.) Population: 52,763
Total Number of Households: 19,429

	County	Region	State
Percent of households that are family households	76.1	76.3	72.7
Percent of households that are families headed by a female with no husband present	11.9	10.6	12.6
Percent of households that are families headed by a female with no husband present and with children under 18 years	6.5	5.4	6.9
Percent of households with the householder 65 and up	20.2	23.6	21.8

**Table 3
Education**

	County	Region	State
Number of persons age 25 and older	33,214	365,673	3,139,066
Percent of persons 25 and up that are high school graduates or higher	61.6	60.8	67.1
Percent of persons 25 and up with a bachelor's degree or higher	11.2	11.1	16.0

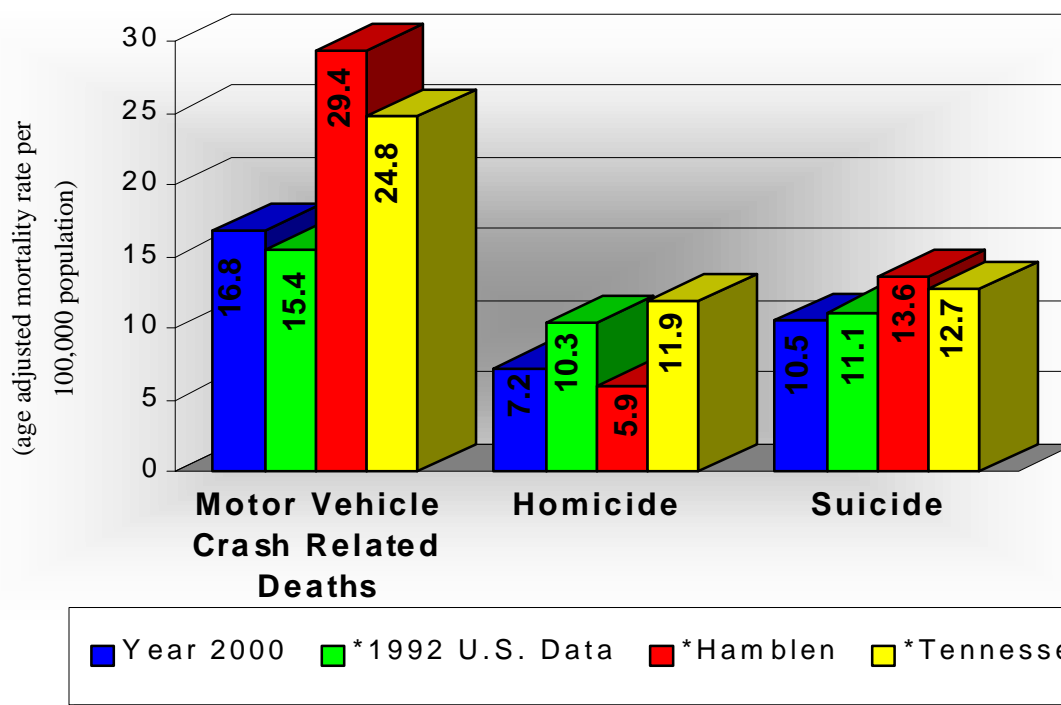
**Table 4
Employment**

	County	Region	State
Number of persons 16 and older	40,176	437,649	3,799,725
Percent in work force	63.9	60.1	64.0
Number of persons 16 and older in civilian work force	25,650	262,392	2,405,077
Percent unemployed	6.2	7.8	6.4
Number of females 16 years and older with own children under 6	2,635	30,082	287,675
Percent in labor force	60	57.4	62.9

**Table 5
Poverty Status**

	County	Region	State
Per capita income in 1989	\$11,127	\$10,756	\$12,255
Percent of persons below the 1989 poverty level	13.9	17.10	15.7
Families with children under 18 years, percent with income in 1989 below poverty level	18.9	22.3	20.7
Percent of persons age 65 years and older with income in 1989 below the poverty	21.1	21.1	20.9

STATUS OF HAMBLLEN COUNTY ON SELECTED YEAR 2000 OBJECTIVES **AGE ADJUSTED MORTALITY RATE PER 100,000 POPULATION**



*Figures for Tennessee, U.S. Data, and Hamblen Co. (Charts 7a & 7b) are a 3-year average from the years 1991 - 1993.

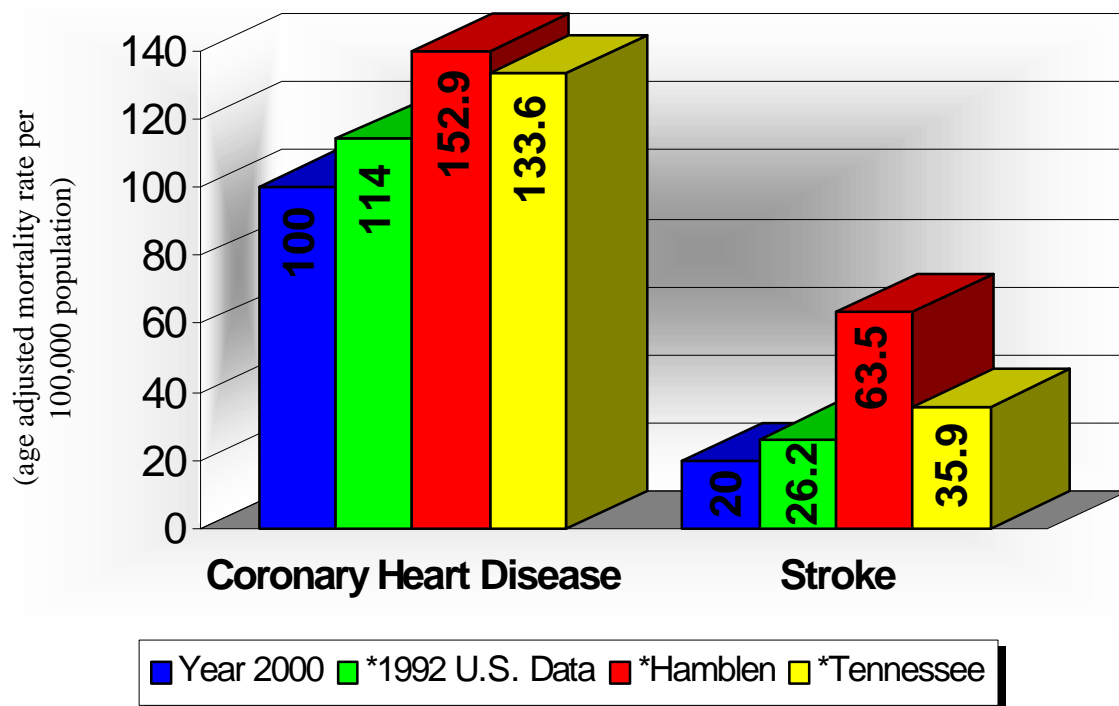
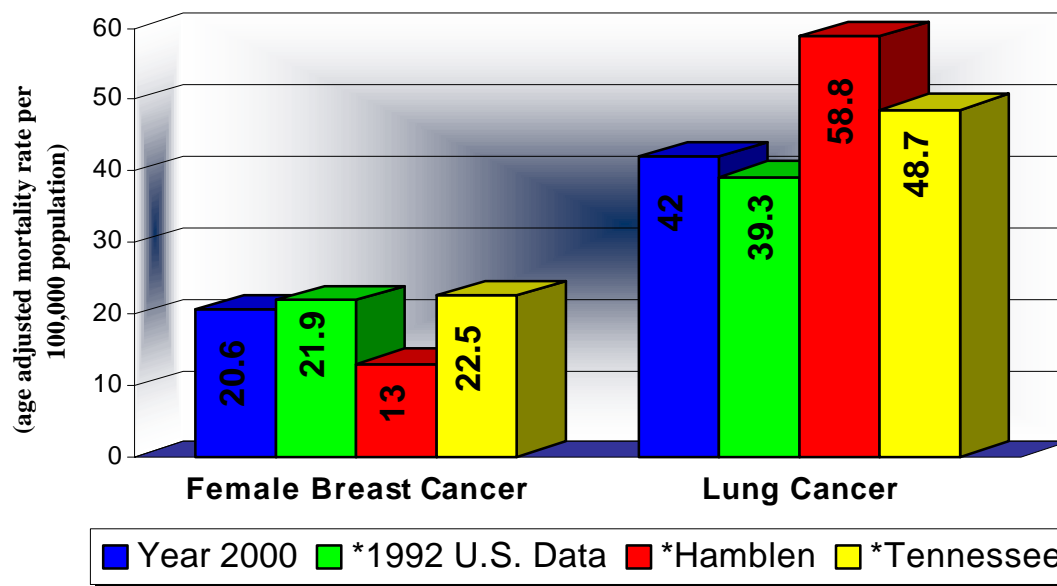
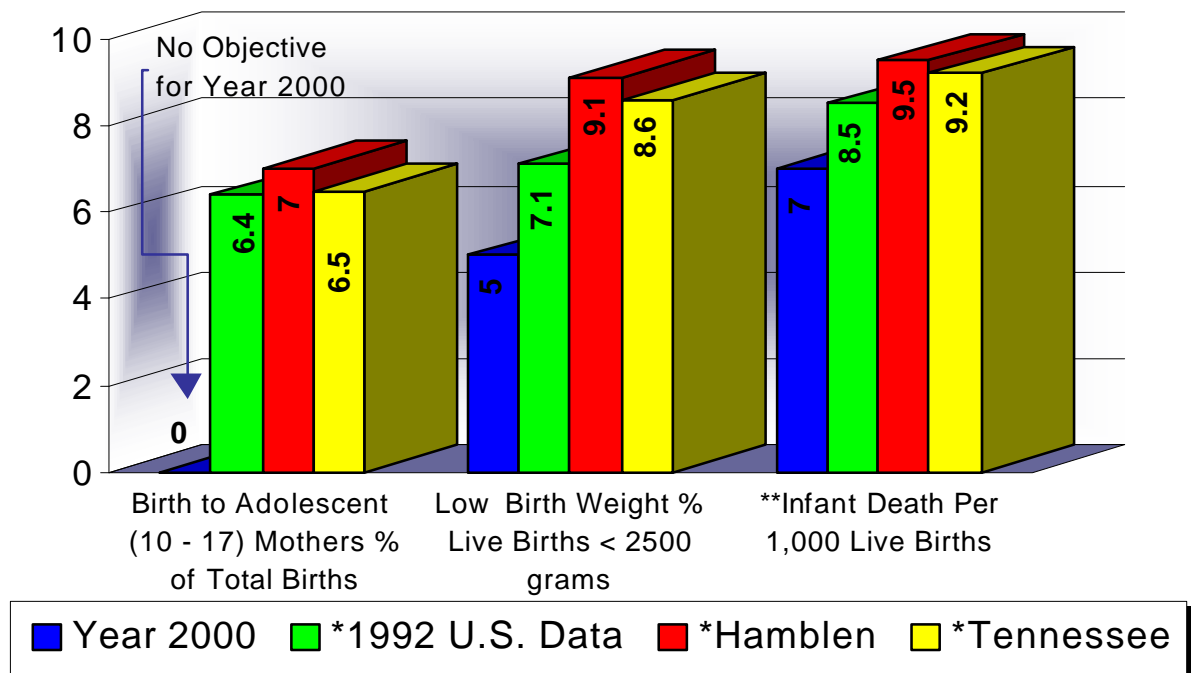


Chart 8
STATUS OF HAMBLLEN COUNTY ON SELECTED YEAR 2000 OBJECTIVES
AGE ADJUSTED MORTALITY RATE
PER 100,000 POPULATION



*Figures for Tennessee, U.S. Data, and Hamblen County are a 3-year average from the years 1991 – 1993.

Chart 9
PERINATAL INDICATORS



*Figures for Tennessee, U. S. Data, and Hamblen County are a 3-year average from the years 1991 -1993

**Figures for Infant Death per 1,000 live births.

III. HEALTH ISSUES AND PRIORITIES: IDENTIFICATION AND PRIORITIZATION

At the conclusion of the review of all data from the Community Diagnosis process and other sources, the Hamblen County Health Council identified key health issues. A second step was taken to collect more specific data as it related to each of these issues. The health council then ranked each issue according to size, seriousness, and effectiveness of intervention. A final overall ranking was then achieved. Table 7 indicates the health issues in rank order.

Table 7

HAMBLEN COUNTY HEALTH ISSUES / PRIORITIES

Rank Order

- 1. **ALCOHOL / TOBACCO / OTHER DRUGS**
- 2. **LIFESTYLE ISSUES:**
 - Diet
 - Exercise
 - High Blood Pressure
- 3. ***TEEN PREGNANCY**
- 3. ***COMMUNITY MULTI-PURPOSE COMPLEX**
- 4. **DENTAL**
- 5. **AVAILABILITY & ACCESS TO SPECIALTY CARE**
- 6. **HEALTH CONDITIONS:**
 - Heart Disease
 - Cancer
 - T. B.
- 7. **COMMUNITY AWARENESS**
- 8. **INFANT HEALTH ISSUES**

*Tied for #3 priority

IV. FUTURE PLANNING

The Health Planning sub-committee is charged with developing a Hamblen County Health Plan. This plan will contain prioritized goals, which will be developed by the health council along with proposed intervention strategies to deal with the problems identified and a listing of resources needed to implement those strategies.

V. REFERENCES

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APPENDIX A

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A. Hamblen County Health Council

<i>Jim Senter</i>	<i>Chairperson, Hamblen County Health Council, Samaritan Group, LLC</i>
<i>Richard Clark</i>	<i>Administrator, Morristown-Hamblen HealthCare System</i>
<i>Stancil Ford</i>	<i>State Representative</i>
<i>Bill Conklin</i>	<i>Cherokee Health System</i>
<i>Rosie Freeman</i>	<i>Director, Reachout</i>
<i>Kay Hale</i>	<i>DCEA Head Start</i>
<i>Tommy Haun</i>	<i>State Senator</i>
<i>David Purkey</i>	<i>County Executive</i>
<i>Sharee Long</i>	<i>County Executive Office</i>
<i>Mary Ruth McGhee</i>	<i>County Health Director</i>
<i>Mike Pierce</i>	<i>Morristown-Hamblen HealthCare System</i>
<i>Dr. Sam Sheppard</i>	<i>Board of Education</i>
<i>Robert Wampler</i>	<i>Administrator, Lakeway Regional Hospital</i>

B. Health Information Tennessee (HIT)

The Tennessee Department of Health and The University of Tennessee Community Health Research Group developed Health Information Tennessee (HIT) a web site that was developed in conjunction with the Health Status Report of 1997 to make health related statistical information pertinent to Tennessee available on the Internet. This web site not only provides an assortment of previously calculated health and population statistics, but also allows users an opportunity to query various Tennessee health databases to create personalized charts and tables upon demand. The health data is continually being expanded and updated. You may visit this web site at the following address: www.server.to/hit.

For more information about the Community Diagnosis assessment process, please contact council members or the East Tennessee Community Development Staff at (423) 546-9221.

